

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 5-5-03.

### I. DISPUTE

Whether there should be reimbursement for CPT codes: 63090-52, 63091 and 63090-80.

### II. FINDINGS & RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
10-17-02	63090-52	\$4248.00	\$0.00	N, C	\$4248.00	CPT Code Descriptor	Operative report does not document vertebral corpectomy, partial or complete, with decompression of spinal cord, cauda equine or nerve root(s). No reimbursement is recommend.
	63091	\$708.00	\$0.00	N, C	\$708.00		
	63090-80	\$1062.00	\$0.00	N, C	\$4248.00 X 25%		

### III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes, 63090-52, 63091 and 63090-80.

The above Findings and Decision are hereby issued this 8<sup>th</sup> day of February 2005.

Elizabeth Pickle  
Medical Dispute Resolution Officer  
Medical Review Division